Magnetic Resonance (MR) Safety Screening Protocol
Revised: March 24, 2022

The Radiologic Technology & Medical Imaging program has a safety screening protocol for the Magnetic Resonance Imaging environment. Students are required to complete MR orientation and screening that reflect current American College of Radiology (ACR) MR safety guidelines prior to the clinical internship experience. The purpose of the safety screening protocol is to ensure that students are appropriately screened annually for magnetic field and/or radiofrequency hazards. Students are mandated to notify the program should their status change during the course of their tenure.

The MR system has a very strong magnetic field that may be hazardous to individuals entering the MR environment if they have certain metallic, electronic, magnetic, or mechanical implants, devices, or objects. Therefore, students are taught safety practices prior to the clinical experience. They are required to view an MR safety video followed by discussions; and complete an *MR Safety Screening Form* in its entirety. The document is reviewed by program officials and if any personal risk is revealed or raise concern regarding safety due to potential dangers of foreign bodies or implants etc., the student's physician or surgeon will make the determination of his or her ability to participate safely in the MR environment.

Magnetic Resonance (MR) Environment Screening Form

Important Instructions: Remove all metallic objects before entering the MR environment or MR room including hearing aids, beeper, cell phone, keys, eyeglasses, hair pins, barrettes, jewelry (including body piercing jewelry), watch, safety pins, paperclips, money clip, credit cards, bank cards, magnetic strip cards, coins, pens, pocket knife, nail clipper, steel-toed boots/shoes, and tools. Loose metallic objects are especially prohibited in the MR system room and MR environment. Please consult the MRI Technologist or Radiologist if you have any question or concern BEFORE you enter the MR system room.

WARNING: Certain implants, devices, or objects may be hazardous to you in the MR environment or MR room. Do not enter the MR environment if you have any question or concern regarding an implant, device, or object.

Last Name	First Name	Semester/Year	EMPLID #:
Address	City	State	Zip Code

Please answer the questions below to the best of your knowledge.

Have you ever had an operation or surgical procedure of any kind?	☐ **Yes**	☐ **No**
Have you ever had an injury to the eye involving a metallic object?	☐ **Yes**	☐ **No**
Have you ever been a machinist, welder or metal worker?	☐ **Yes**	☐ **No**
Have you ever been injured by a metallic object or foreign body? *(e.g., BB, bullet, shrapnel etc.)*	☐ **Yes**	☐ **No**

Please list all surgical procedures including dates:

_____   _____

_____   _____

_____   _____

Please indicate if you have any of the following Items:

Please indicate if you have any of the following Items:

1. **PACEMAKER** wires or defibrillator ☐ **Yes** ☐ **No**
2. Aneurysm clip/s ☐ **Yes** ☐ **No**
3. Ear **IMPLANT** or **HEARING AID** (must be removed) ☐ **Yes** ☐ **No**
4. Infusion pump, or medication pump of any kind ☐ **Yes** ☐ **No**
5. Eye Implant ☐ **Yes** ☐ **No**
6. Electrical stimulator for nerves or bone ☐ **Yes** ☐ **No**
7. Bullets, BBs or pellets ☐ **Yes** ☐ **No**
8. Metal shrapnel or fragments ☐ **Yes** ☐ **No**
9. Magnetic implant (anywhere in the body) ☐ **Yes** ☐ **No**
10. Coil, filter, or wire in a blood vessel ☐ **Yes** ☐ **No**
11. Artificial limb or joint ☐ **Yes** ☐ **No**
12. Eyelid tattoo ☐ **Yes** ☐ **No**
13. Implanted catheter or tube ☐ **Yes** ☐ **No**
14. Artificial heart valve ☐ **Yes** ☐ **No**
15. Any type of prosthesis or implants ☐ **Yes** ☐ **No**
16. Shunt ☐ **Yes** ☐ **No**

Please Indicate If You Have Any Of The Following Items cont.:

17. False teeth, retainers, or magnetic braces   ☐ **Yes** ☐ **No**

18. Surgical clips, staples, wires, mesh, or sutures   ☐ **Yes** ☐ **No**

19. Orthopedic hardware (plates, screws, pins, rods, wires)   ☐ **Yes** ☐ **No**

20. Tissue expander for future implants   ☐ **Yes** ☐ **No**

21. Other implant   ☐ **Yes** ☐ **No**

I attest that the above information is correct to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form. I further understand that should there be a change in my health status that would pose a hazard to me, I'm obligated to report it to the radiologic technology program.

Person Completing Form: _____ **Date:** ____/____/_____
                                          Signature

Form Reviewed by: _____ **Date:** ____/____/_____
                        Date:

/_____

/_____

          Signature

Reviewer Name: _____

☐ Program Director   ☐ Clinical Coordinator

                                  ☐ Faculty

                                  ☐ CLT

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By Prof. E. Lespinasse, Faculty